



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1243

DATE: May 8, 2013

TO: Iowa Medicaid Dentists, Federally Qualified Health Centers (FQHC) and Indian Health Services

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Dental Policy Changes
Updated Information Shown as Highlighted Below

EFFECTIVE: May 1, 2013

Pursuant to changes in the Administrative Rules that govern the Medicaid dental program, the following changes in dental policy have been made.

- 1. Fluoride.** Procedure codes D1206 and D1208 are allowed every 90 days.
- 2. Crowns.** The following procedure codes require prior authorization (PA) each time they are provided. Approval will be granted when coronal loss of tooth structure does not allow restoration with an amalgam or composite restoration, there is evidence of recurring decay surrounding a large existing restoration, or there is a fracture, broken cusp or endodontic treatment. **The implementation of the PA requirement for crowns is being postponed until June 1, 2013.**

D2710	CROWN, RESIN (LABORATORY)
D2712	CROWN RESIN BASED COMPOSITE
D2720	CROWN, RESIN WITH HIGH NOBLE METAL
D2721	CROWN, PLASTIC WITH PREDOMINANTLY BASE M
D2740	CROWN, PORCELAIN/CERAMIC SUBSTANCE
D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE MET
D2751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY
D2752	CROWN,PORCELAIN FUSED TO NOBLE METAL
D2781	CROWN, 3/4 CAST PREDOMINATELY BASE METAL
D2790	CROWN, FULL CAST HIGH NOBLE METAL
D2791	CROWN, FULL CAST PREDOMINANTLY BASE META
D2792	CROWN,FULL CAST NOBLE METAL

3. Endodontic Surgical Procedures. Prior authorization is no longer required for the following procedures.

D3410	APICOECTOMY/PERIADICULAR SURG-ANTERIOR
D3421	APICOECTOMY/PERIADICULAR SURGERY, BICUSP
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR
D3426	APICOECTOMY/PERIRADICULAR SURGERY, EACH
D3430	RETROGRADE FILLING, PER ROOT INCLUDING A
D3450	ROOT AMPUTATION, PER ROOT

4. Guided Tissue Regeneration. Procedure codes D4266 and D4267 are covered when prior authorization has been obtained. Approval will be granted when radiographs show evidence of recession in relation to the muco-gingival junction and the bone level indicates the tooth has a fair to good long term prognosis.

5. Connective Tissue Grafts. Procedure code D4273 is covered when prior authorization has been obtained. Approval will be granted when the amount of tissue loss is causing problems, such as continued bone loss, chronic root sensitivity, complete loss of attached tissues, or difficulty maintaining adequate oral hygiene.

6. Antimicrobial Agents. Procedure code D4381 is covered when prior authorization has been obtained. Approval will be granted when at least one year has lapsed since periodontal scaling and root planing has been completed, the member has maintained regular periodontal maintenance, and pocket depths remain at a moderate to severe depth on probing. Authorization is limited to once per site every twelve months.

7. Partial Dentures. Prior authorization is required for all partial dentures, including those replacing only an anterior tooth. Approval will be granted for replacement of a missing anterior tooth when radiographs demonstrate adequate space for replacement of the missing anterior tooth. Approval criteria for replacement of missing posterior teeth and for fixed partial dentures are unchanged.

8. Denture Rebase Procedures. Procedure codes D5710, D5711, D5720 and D5721 are covered when prior authorization has been obtained. Approval will be granted when the acrylic of the denture is cracked or has had numerous repairs and the teeth are in good condition.

9. Replacement of Immediate, Complete and Partial Dentures. Replacement of dentures in less than a five year period is covered when prior authorization has been obtained. Approval will be granted once per denture per arch in less than a five-year period when the denture has been lost, stolen or broken beyond repair. Approval will also be granted more than once in a five year period for members who have a medical condition that necessitates thorough mastication.

10. Sleep Apnea Device. A custom fabricated oral device for sleep apnea is covered when prior authorization has been obtained. Procedure code D5999 should be used. Approval will be granted in accordance with Medicare coverage criteria.

11. Nitrous Oxide. Procedure code D9230 is covered when the age, physical or mental condition of the member necessitates the use of minimal sedation for dental procedures. Your patient's file must clearly document the need. Procedure code D9230 no longer requires an Exception to Policy (ETP) or Prior Authorization (PA) and will be paid at the fee schedule amount.

12. Occlusal Guard. Prior authorization is now required for procedure code D9940. Approval will be granted when the documentation supports evidence of significant loss of tooth enamel, tooth chipping, headaches or jaw pain.

The IME appreciates your partnership as we work to improve claim processing. If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.